

MASSACHUSETTS DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Massachusetts.

Massachusetts At-a-Glance:

- In 2009-2010, Massachusetts was one of the top ten states for rates in several drug-use categories, including: past-month illicit drug use among young adults age 18-25; past-month marijuana use among young adults age 18-25; illicit drug dependence among persons age 12 or older; and illicit drug dependence among young adults age 18-25.
 - Source: National Survey on Drug Use and Health (NSDUH) 2009-2010.
- Approximately 12.12 percent of Massachusetts residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- In 2009, the rate of drug-induced deaths in Massachusetts exceeded the national average.
- Heroin is the most commonly cited drug among primary drug treatment admissions in Massachusetts.

Drug Use Trends in Massachusetts

Drug Use in Massachusetts: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 12.12 percent of Massachusetts residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 4.24 percent of Massachusetts residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009–2010 National Survey on Drug Use and Health: http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf

Drug-Induced Deaths: As a direct consequence of drug use, 916 persons died in Massachusetts in 2009. This far exceeds the number of persons in Massachusetts who died from motor vehicle accidents

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Number of Drug-Induced Deaths Versus Deaths from Motor Vehicle Accidents in 2009

(397) and firearms (207) in the same year. Massachusetts drug-induced deaths (13.9 per 100,000 population) exceeded the national rate (12.8 per 100,000).

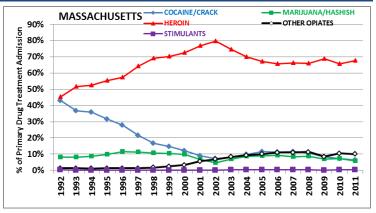
Source: WONDER online databases: http://wonder.cdc.gov/cmf-icd10.html

Substance Abuse Treatment Admissions Data

Massachusetts Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in Massachusetts from 1992 to 2011. The data show heroin is the most commonly cited drug among primary drug treatment admissions in the state.

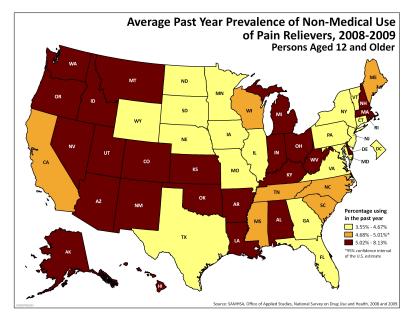
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastestgrowing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure. convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and



reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The Massachusetts Prescription Monitoring Program collects prescribing and dispensing information on Massachusetts Schedule II controlled substances dispensed pursuant to a prescription. Schedule II consists of those prescription pharmaceuticals with the highest potential for abuse and, consequently, are among those most sought for illicit and inappropriate (non-medical) use. The PMP utilizes the data collected to determine prescribing and dispensing trends; provide educational information to health care providers and the public; and provide case information to regulatory and law enforcement agencies concerning drug distribution and diversion. As of January 1, 2011, the regulatory amendments now require that all pharmacy providers report prescription records for Schedules II – V and collect and report customer ID information for Schedules II – V. Out-of-state pharmacies that deliver a prescription to a person in Massachusetts, in addition to MA pharmacies, must collect and report data as well. Reports must be made no less frequently than weekly.

Source: Massachusetts Office of Health and Human Service: http://www.mass.gov/dph/dcp/onlinepmp

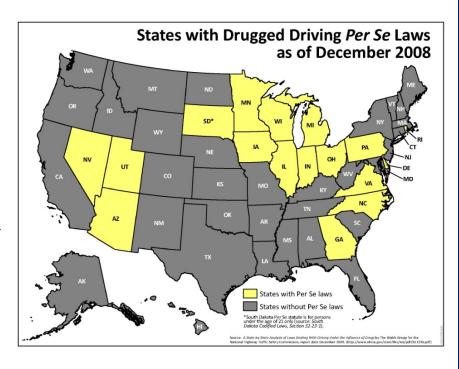
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of driving, provide increased drugged training to law enforcement in identifying drugged drivers, and encourage states to consider Per Se laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Massachusetts does not have a *Per Se* standard. However, Massachusetts General Laws Chapter 90 Section 24 states that whoever... "operates a motor vehicle, while under the influence of marijuana, narcotic drugs, depressants or stimulant substances, all as defined in section one of chapter 94C, or the vapors of glue shall be punished." Required proof: Defendant was operating a motor vehicle in Massachusetts on a public way and while operating the vehicle, the defendant was under the influence of one of the above-mentioned substances. No possible defenses are found. Evidence of refusal is not admissible.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2012, the following Massachusetts coalitions received grants from ONDCP:

- Alliance for Substance Abuse Prevention, Inc.
- Allston-Brighton Substance Abuse Task Force
- Arlington Youth Health & Safety Coalition
- Avon Coalition for Every Student
- B.O.L.D. Coalition of Greater Fall River
- Brookline Coalition Against Substance Abuse
- Charlestown Substance Abuse Coalition
- Chelsea Mobilizing for Change on Alcohol and Other Drugs
- Communities that Care Lynn
- DanversCARES Prevention Coalition, Town of Danvers, MA
- The Dukes County Health Council Youth Task Force (YTF)
- Everett Community Health Improvement Part. SA Coalition
- Falmouth Substance Abuse Commission
- Gardner Community Action Team
- Gill-Montague Community-School Partnership (GMCSP)
- Healthy Gloucester Collaborative
- Healthy Peabody Collaborative
- Holyoke Youth Task Force

- Impact Quincy
- Lowell Roundtable on Substance Abuse Prevention
- Mayor's Task Force to Reduce Substance Abuse
- Medford Matters
- Melrose Substance Abuse Prevention Coalition
- MLK Family Life Center
- Natick Together2
- Needham Youth Substance Abuse Prevention Coalition
- Northhampton Prevention Coalition
- OASIS Coalition (Organizing Against Substance Abuse in Stoughton)
- Pittsfield Prevention Partnership
- Safe Schools Smart Schools Coalition
- Southern Berkshire Youth Coalition
- South Boston families Advocating Neighborhood Strength (FANS)
- Wayland Substance Abuse Prevention Coalition
- Weymouth Youth Coalition

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

New England HIDTA

Massachusetts Counties: Essex, Hampden, Middlesex, Plymouth, Suffolk, and Worcester

- Massachusetts continues to benefit from the innovative and timely collocation of the HIDTA ISC and the Commonwealth of Massachusetts Fusion Center. The combined operation provides an enhanced and increased level of available information.
- Additionally, the New England HIDTA is developing a strategy and increasing law enforcement training opportunities to address the serious issue of Drugged Driving.

Federal Grant Awards Available to Reduce Drug Use in the State of Massachusetts

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Department of Agriculture \$ 4,023,080 National Institute of Food and Agriculture 4,023,080 Cooperative Extension Service \$ 4,023,080 Department of Education \$ 16,921,524 Office of Elementary and Secondary Education \$ 1438,790 Twenty-First Century Community Learning Centers \$ 16,482,734 Department of Health and Human Services \$ 13,4578,841 Administration for Children and Families \$ 1,250,000 Enhance Safety of Children Affected by Substance Abuse \$ 1,250,000 Promoting Safe and Stable Families \$ 5,005,144 Transitional Living for Homeless Youth \$ 1,399,648 Centers For Medicare and Medicaid Services \$ 94,392,672 National Institutes of Health \$ 29,708,134 Alcohol Research Programs \$ 2,9708,134 Drug Abuse and Addiction Research Programs \$ 2,9708,134 Drug Abuse and Addiction Research Programs \$ 2,46,110 Substance Abuse and Mental Health Services Administration \$ 34,073,216 Projects for Assistance in Transition from Homelessness (PATH) \$ 1,700,000 Substance Abuse and Mental Health Services Projects of Regional and National Significance \$ 34,073,	Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The	State of MA	
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Federal Grant Awards That Help Reduce the Availability and Misuse C	Of Drugs In The State of MA	
Department / Office / Program Name		2012
Department of Transportation	\$	2,084,803
National Highway Traffic Safety Administration		
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	2,084,803
Department of Veteran's Affairs	\$	8,719,457
Veterans Health Administration		
VA Homeless Providers Grant and Per Diem Program	\$	8,719,457
Executive Office of The President	\$	4,274,907
Office of National Drug Control Policy		
Drug-Free Communities Support Program Grants	\$	4,274,907
Grand Total	\$	432,158,059

File updated January, 2013.

